## ORDER FOR SUPPLIES OR SERVICES

(Contractor must submit four copies of invoice.)

Form Approved OMB No. 0704-0187 Expires Jun 30, 1997 PAGE 1 OF

Public reporting burden for this collection of information is estimated to average 1 hour per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed and completing and reviewing the collection of information. Send company regarding this hurden estimate or any other several of this collection of information including suggestions for reducing the collection of information.

| Department of           | Defense             | Washington Headquarter<br>luction Project (0704-018)                                     | s Services, Directorate f      | for Information Operatio       | ns and Rep                               | orts, 1215 Jefferson Da    | vis Highway, Su              | lite 1204, A | rlington, V | A 2220                     | 2-4302,and to the  | Office of Management and       |
|-------------------------|---------------------|--|--------------------------------|--------------------------------|--|----------------------------|------------------------------|--------------|-------------|----------------------------|--------------------|--------------------------------|
|                         |                     | SEME   |                                | NOT RETURN YO                  |  |                            |                              |              |             | 16                         |                    |                                |
| 1. CONTRACT/PU          | JRCH O              |  | 2. DELIVERY ORDI               | <i>TED FORM TO T</i><br>ER NO. | 3.                                       | DATE OF ORDER              |                              | ISITION/PU   |             |                            | NO.                | 5. PRIORITY                    |
| SP0400                  | -00-D               | -9403  | UB                             | 3Т                             | γ.                                       | үмммдд)<br><b>2003 NOV</b> | 06                           | YPC03        | 300000      | 881                        |                    | DOA1                           |
| 6. ISSUED BY            |                     | · -  | CODE                           | SP0700                         | 7. ADM                                   | NISTERED BY (If oth        |                              | CODE         |             | S220                       | 7A                 | - BOAT                         |
| Defense                 | e Suppl             | y Center Columbus  |                                |                                | D  | CMA GE LYNN                |                              |              |             |                            |                    | 8. DELIVERY FOB                |
| 3990 E.<br>P.O. Bo      |                     |  |                                |                                | ١,                                       | 000 WESTERN AV             | VE.                          |              |             |                            |                    | DEST                           |
| Columi                  | bus,OH              | 43216-5010<br>trator: PAABCAC (6   | 14)402 7512 / FAV              | . (614)602-5260                |  | YNN MA 01910-0             |                              |              |             |                            |                    | X OTHER                        |
|                         |                     | la.Conner@dla.mil  | 14)092-7312 / FAA              | . (014)092-3209                | CRITIC                                   | CALITY: C                  |                              |              |             |                            |                    | (See Schedule if other)        |
| 9. CONTRACTOR           |                     |  | CODE                           | 99207                          | FAC                                      | CILITY CODE                |                              |              |             | ов РС                      | INT BY(Date)       | 11. MARK IF BUSINESS           |
| ſ                       |                     |  |                                |                                | -  |                            |                              | (YYMM)       |             |                            | Schedule           | SMALL                          |
| NAME AND                |                     |  | ECTRIC COMPAN<br>RCRAFT ENGINE |                                |  | •                          |                              | 12. DISC     | OUNT TE     | RMS                        |                    | SMALL DISAD-<br>VANTAGED       |
| ADDRESS                 |                     | 1000 WESTERI<br>LYNN MA 019  |                                |                                |  |                            |                              |              | NET 30      |                            |                    | WOMEN-OWNER                    |
|                         |                     |  |                                | ot Duplicate shipm             | ent.                                     | 1                          |                              | 13. MA       | IL INVOI    |                            | o<br>Block         | 1 =                            |
| 14. SHIP TO             |                     |  |                                | 1                              | I S DAV                                  | MENT WILL BE MAD           | EDV                          |              | T .         |                            |                    | 12                             |
|                         |                     |  | CODE                           | L                              | 15. PAY                                  |                            |                              | CODE         |             | IQ0                        | 537                | MARK ALL                       |
| See Sc                  | hedule              | - Do Not Ship to Add   | ress in Block 6                |                                |  | HQ0337 DFAS                |                              |              |             |                            |                    | PACKAGES AND                   |
|                         |                     |  |                                |                                | P O BOX 182266<br>COLUMBUS OH 43218-2266 |                            |                              |              |             | PAPERS WITH<br>CONTRACT OR |                    |                                |
|                         |                     |  |                                |                                |  | EFT: T                     |                              |              |             |                            |                    | ORDER NUMBER                   |
| 16. DELIVER             | y X                 | This delivery order is iss   | ued on another Govern          | nent agency or in accord       | lance with:                              |                            | l conditions of a            | hove numb    | med contrac | mt                         |                    | <u> </u>                       |
| TYPE                    | <u> </u>            | Reference your   | and on another Govern          | nem agency of in accord        | Station William                          | and subject to terms are   | - CONTRACTOR OF D            | - Indian     |             |                            | furnish the follow | ing on terms specified herein. |
| OF PURCHAS              | SE                  | ACCEPTANCE. THE C  | ONTRACTOR HEREB                | Y ACCEPTS THE OFF              | ER REPRI                                 | SENTED BY THE NU           | MBERED PUR                   | CHASE OF     | DER AS I    |                            |                    | IAVE BEEN OR IS NOW            |
|                         |                     | MODIFIED, SUBJECT  | IO ALL OF THE TERM             | AS AND CONDITIONS              | SEI FUK                                  | IH, AND AGREES TO          | PERFORM IH                   | E SAME.      |             |                            |                    |                                |
| NAMI                    | OF CO               | NTRACTOR   |                                | IGNATURE                       |  |                            | TYPED NAM                    | (E AND TO    | T E         |                            |                    | DATE SIGNED                    |
| 1 1                     |                     | d, supplier must sign Acce   |                                |                                | es:                                      |                            | I II LD MAN                  | LEAND II.    | DL          |                            |                    | (YYMMMDD)                      |
| 1B.                     | 19.                 | CO 001 26.0 S331   |                                |                                |  |                            | 20. QUANT                    | rity T2      | 1.   22.    |                            |                    | 23.                            |
| ITEM NO.                |                     | SCHED  | ULE OF SUPPLIES/SE             | RVICE                          |  |                            | 20. QUANT<br>ORDER<br>ACCEPT | ED/<br>TED*  | NIT         | UNI                        | PRICE              | AMOUNT                         |
|                         | Rema<br>ACC<br>COST | rks:<br>ELERATED DELI<br>TTO THE GOVER   | VERY IS ACCEINMENT.            | PTABLE AND D                   | ESIREI                                   | AT NO                      | тота                         | AL:<br>51    |             |                            |                    |                                |
|                         |                     | 4h - C   | 24. (                          | JNITED STATES OF A             | MERICA                                   |                            | <del>/</del>                 |              |             |                            | 25. TOTAL          | \$ 15635.58                    |
| quantity ordere         | ed, indice          | the Government is same as<br>ite by X. If different, enter<br>I below quantity ordered a | l                              | M. o.                          |  | $\mathcal{X}$              |                              |              |             |                            | 29.                |                                |
| encircle.               | ассеріе             | i below quantity ordered d   | and BY:                        | 1 Alip                         | da)                                      | ( ) Self                   | cor                          | NTRACTIN     | G/ORDERI    | ING                        | DIFFERENCE         |                                |
| 26. QUANTITY IN         | COLUM               | N 20 HAS BEEN  | <del></del>                    |                                | 1  | SMIP-NO.                   | 28. D.O. VOL                 | JCHER NO     |             | 1.6                        | 30.                |                                |
| INSPECTE                | as a                | RECEIVED   | ACCEPTED, AND                  | CONFORMS TO THE                | 17                                       |                            |                              |              |             |                            | INITIALS           |                                |
|                         | •                   |  | - CONTRACT EXC                 | EPI AS NOTED                   | 16                                       | PARTIAL                    | 32. PAID BY                  |              |             |                            | 33. AMOUNT V       | ERIFIED CORRECT FOR            |
|                         |                     |  |                                |                                | _ L                                      | FINAL                      | ]                            |              |             |                            |                    |                                |
| DATE                    |                     | SIGNATURE OF AUTI  |                                | ENT REPRESENTATIV              | /E 31.                                   | PAYMENT                    |                              |              |             | . [                        | 34. CHECK NU       | MBER                           |
| 36. I certify this acco | ount is ca          | orrect and proper for payme  | ent.                           |                                |  | COMPLETE                   |                              |              |             |                            |                    |                                |
|                         |                     |  |                                |                                | _   _                                    | PARTIAL                    | ]                            |              |             | [                          | 35. BILL OF LA     | DING NO.                       |
| DATE                    |                     |  | D TITLE OF CERTIFY             |                                |  | FINAL                      | 11 60                        |              | mer.        |                            |                    |                                |
| 37.RECEIVED AT          | 38. REC             | EIVED BY (Print)   |                                | 39. DATE RECEIVED<br>(YYMMMDD) | 40.70                                    | OTAL CONTAINERS            | 41. S/R ACCO                 | JUNI NUM     | IBEK        |                            | 42. S/R VOUCH      | ER NO.                         |

|  | Louden Work on                         | 15.05   |         |
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| CONTINUATION SHEET   | Order Number:<br>SP0400-00-D-9403-UB3T | PAGE OF | PAGES 5 |
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| ALL APPLICABLE TERMS AND CONDITIONS OF PRECEDENCE OVER ANY CONFLICTING TERMS |  |         |         |
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|-------------|---|-------------|-----------------|-------------|--------------------|------------|----|-------|
|             | ONTINUATION   | SHEET       |                 | SP040       | 10-00-D-9403-T     | JB3T       | 3  | 5     |
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|             | PR YPC0330000                                       | 0881        |                 |             |                    |            |    |       |
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|             | GENERAL ELECTR                                      | IC COMPA    | NY DIV GEN      | JERA (      | (99207) P/N        | 5007T68P01 |    |       |
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| <u>ITEM</u> | <u>PR</u>   | PRLI        | <u>QUANTITY</u> | UNIT        | UNIT PRICE         | AMOUNT     |    |       |
| 0001AA      | YPC03300000881                                      | 0001        | 10              | EA          | \$306.58000        | \$3065.    | 80 |       |
|             | OTY VARIANCE:                                       | PLUS        | 10%             | MINUS       | ነ 10%              | •          |    |       |
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| 0001AC      | YPC03300000881                                      | 0001        | 10              | EA          | \$306.58000        | \$3065.    | 80 |       |
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Order Number: PAGE OF PAGES CONTINUATION SHEET 4 | SP0400-00-D-9403-UB3T

SECTION B

YPC03300000881 PR

PRLI 0001

CONT'D

10%

ITEM PR PRLI OUANTITY UNIT UNIT PRICE AMOUNT

0001AD

YPC03300000881 0001 10 EA \$306,58000 \$3065,80

QTY VARIANCE: PLUS 10% MINUS

INSPECTION POINT: ORIGIN ACCEPTANCE POINT: ORIGIN

DELIVERY FOB: ORIGIN

BY: 2004 DEC 31

PRLI QUANTITY UNIT UNIT PRICE AMOUNT ITEM PR

YPC03300000881 0001 10 EA \$306,58000 0001AE

\$3065.80

QTY VARIANCE: PLUS 10%

MINUS 10%

INSPECTION POINT: ORIGIN ACCEPTANCE POINT: ORIGIN

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ITEM PRLI QUANTITY UNIT UNIT PRICE AMOUNT <u>PR</u>

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> QTY VARIANCE: PLUS 10% MINUS 10%

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DELIVERY FOB: ORIGIN BY: 2005 FEB 28

PREP FOR DELIVERY

PKGING DATA - MIL-STD-2073-1D, 15 DEC 1999

QUP = 001: PRES MTHD = AE: CLNG/DRY = 1: PRESV MAT = 00:

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MARKING SHALL BE IN ACCORDANCE WITH MIL-STD-129.

SPECIAL MARKING CODE: 00 - NO SPECIAL MARKING.

PALLETIZATION SHALL BE IN ACCORDANCE WITH DC1636P001 REV E

DATED 3029

DOD BAR CODE MARKING REQUIRED IN ACCORDANCE WITH MIL-STD-129 (LATEST REVISION) MARKING AND BAR CODING IN ACCORDANCE WITH AIM BC1.

PARCEL POST ADDRESS:

CONTINUED ON NEXT PAGE

|                                 | Order Number:                           | PAGE OF         |
|---------------------------------|---|-----------------|
| CONTINUATION SHEET              | SP0400-00-D-9403-UB3T                   | 5               |
|                                 | SECTION B                               |                 |
| W25G1U                          |   |                 |
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| BUILDING MISSION DOOR 1         | 113 134                                 |                 |
| NEW CUMBERLAND                  | PA 17070-5001                           |                 |
| FREIGHT SHIPPING ADDRESS:       |   |                 |
| W25G1U                          |   |                 |
| TRANSPORTATION OFFICER          |   |                 |
| DDSP NEW CUMBERLAND FAC         |   |                 |
| BUILDING MISSION DOOR 1         |   |                 |
| NEW CUMBERLAND F                | PA 17070-5001                           |                 |
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